



## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Docket No. Y0R920030274US1  
Customer No.: 22032

As below named inventors, we hereby declare that:

Our residences, post office addresses and citizenships are as stated below next to our respective names.

We believe we are the original and first joint inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### **A METHOD OF FORMING CLOSED AIR GAP INTERCONNECTS AND STRUCTURES FORMED THEREBY**

the specification of which

(check one)  is attached hereto.

**XXX** was filed on September 19, 2003 as Application Serial No. 10/666,565 and was amended on \_\_\_\_\_ (if applicable).

We hereby state that we have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to us to be material to the patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56.

We hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate(s) listed below and have also identified below any foreign application(s) for patent or inventor's certificate(s) having a filing date before that of the application on which priority is claimed:

| <u>Prior Foreign Application(s)</u> | <u>Priority Claimed</u>   |
|-------------------------------------|---|
| _____<br>(Number)                   | _____<br>(Country) _____<br>(Day/Mon/Year Filed) _____ Yes _____ No |
| _____<br>(Number)                   | _____<br>(Country) _____<br>(Day/Mon/Year Filed) _____ Yes _____ No |
| _____<br>(Number)                   | _____<br>(Country) _____<br>(Day/Mon/Year Filed) _____ Yes _____ No |

We hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, we acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

|                          |               |                                    |
|--------------------------|---------------|------------------------------------|
| (Application Serial No.) | (Filing Date) | (Status - patent, pend., abandon.) |
|--------------------------|---------------|------------------------------------|

|                          |               |                                    |
|--------------------------|---------------|------------------------------------|
| (Application Serial No.) | (Filing Date) | (Status - patent, pend., abandon.) |
|--------------------------|---------------|------------------------------------|

**POWER OF ATTORNEY:** As named inventors, we hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

| <u>NAMES</u>          | <u>REGISTRATION NUMBERS</u> |
|-----------------------|-----------------------------|
| Kevin M. Jordon       | 40,277                      |
| Christopher A. Hughes | 26,914                      |
| John E. Hoel          | 26,279                      |
| Joseph C. Redmond     | 18,753                      |
| Douglas W. Cameron    | 31,596                      |
| Louis P. Herzberg     | 41,500                      |
| Stephen C. Kaufman    | 29,551                      |
| Daniel P. Morris      | 32,053                      |
| Paul J. Otterstedt    | 37,411                      |
| Louis J. Percello     | 33,206                      |
| Robert M. Trepp       | 25,933                      |
| Thu Ann Dang          | 41,544                      |
| Derek S. Jennings     | 41,473                      |
| Gail H. Zarick        | 43,303                      |
| Richard M. Ludwin     | 33,010                      |
| Alison D. Mortinger   | 39,306                      |
| Timothy M. Farrell    | 37,321                      |
| Wan Yee Cheung        | 42,410                      |

|  |  |
|--|--|
| <b>SEND CORRESPONDENCE TO:</b><br>Paul D. Greeley<br>Ohlandt, Greeley, Ruggiero & Perle, L.L.P.<br>One Landmark Square, 10th Floor<br>Stamford, Connecticut 06901-2682 | <b>DIRECT TELEPHONE CALLS TO:</b><br>Paul D. Greeley, Esq.<br>Telephone: (203) 327-4500<br>Telefax: (203) 327-6401 |
|--|--|

We hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

|                         |   |   |                          |
|-------------------------|---|---|--------------------------|
| FULL NAME OF INVENTOR   | LAST NAME<br><b>SAENGER</b>               | FIRST NAME<br><b>KATHERINE</b>                | MIDDLE NAME<br><b>L</b>  |
| RESIDENCE & CITIZENSHIP | CITY<br><b>OSSINING</b>                   | STATE OR COUNTRY<br><b>NEW YORK</b>           | CITIZENSHIP<br><b>US</b> |
| POST OFFICE ADDRESS     | P.O. ADDRESS<br><b>115 UNDERHILL ROAD</b> | CITY & STATE<br><b>OSSINING,<br/>NEW YORK</b> | ZIP CODE<br><b>10562</b> |

Inventor's signature Katherine L. Saenger  
**Katherine L. Saenger**

Date Nov. 17, 2003

|                         |  |   |                          |
|-------------------------|--|---|--------------------------|
| FULL NAME OF INVENTOR   | LAST NAME<br><b>SURENDRA</b>           | FIRST NAME<br><b>MAHESWARAN</b>                       | MIDDLE NAME              |
| RESIDENCE & CITIZENSHIP | CITY<br><b>CROTON-ON-HUDSON</b>        | STATE OR COUNTRY<br><b>NEW YORK</b>                   | CITIZENSHIP<br><b>US</b> |
| POST OFFICE ADDRESS     | P.O. ADDRESS<br><b>64 GRAND STREET</b> | CITY & STATE<br><b>CROTON-ON-HUDSON,<br/>NEW YORK</b> | ZIP CODE<br><b>10520</b> |

Inventor's signature Maheswaran Surendra  
**Maheswaran Surendra**

Date Nov 25, 2003

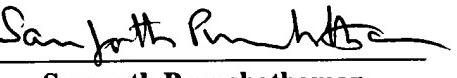
|                         |   |   |                          |
|-------------------------|---|---|--------------------------|
| FULL NAME OF INVENTOR   | LAST NAME<br><b>KARECKI</b>             | FIRST NAME<br><b>SIMON</b>                        | MIDDLE NAME<br><b>M</b>  |
| RESIDENCE & CITIZENSHIP | CITY<br><b>POUGHKEEPSIE</b>             | STATE OR COUNTRY<br><b>NEW YORK</b>               | CITIZENSHIP<br><b>US</b> |
| POST OFFICE ADDRESS     | P.O. ADDRESS<br><b>1B JACKMAN DRIVE</b> | CITY & STATE<br><b>POUGHKEEPSIE,<br/>NEW YORK</b> | ZIP CODE<br><b>12603</b> |

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_, 2003  
**Anna Karecki for Simon M. Karecki**

|                         |  |  |                             |
|-------------------------|--|--|-----------------------------|
| FULL NAME OF INVENTOR   | LAST NAME<br><b>NITTA</b>                  | FIRST NAME<br><b>SATYA</b>                     | MIDDLE NAME<br><b>V</b>     |
| RESIDENCE & CITIZENSHIP | CITY<br><b>POUGHQUAG</b>                   | STATE OR COUNTRY<br><b>NEW YORK</b>            | CITIZENSHIP<br><b>INDIA</b> |
| POST OFFICE ADDRESS     | P.O. ADDRESS<br><b>118 ROOSEVELT DRIVE</b> | CITY & STATE<br><b>POUGHQUAG,<br/>NEW YORK</b> | ZIP CODE<br><b>12570</b>    |

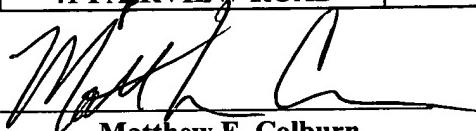
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_, 2003  
  
**Satya V. Nitta**

|                         |  |   |                          |
|-------------------------|--|---|--------------------------|
| FULL NAME OF INVENTOR   | LAST NAME<br><b>PURUSHOTHAMAN</b>        | FIRST NAME<br><b>SAMPATH</b>                          | MIDDLE NAME              |
| RESIDENCE & CITIZENSHIP | CITY<br><b>YORKTOWN HEIGHTS</b>          | STATE OR COUNTRY<br><b>NEW YORK</b>                   | CITIZENSHIP<br><b>US</b> |
| POST OFFICE ADDRESS     | P.O. ADDRESS<br><b>2075 LAVOIE COURT</b> | CITY & STATE<br><b>YORKTOWN HEIGHTS,<br/>NEW YORK</b> | ZIP CODE<br><b>10598</b> |

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_, 2003  
  
**Sampath Purushothaman**

|                         |  |  |                          |
|-------------------------|--|--|--------------------------|
| FULL NAME OF INVENTOR   | LAST NAME<br><b>COLBURN</b>                          | FIRST NAME<br><b>MATTHEW</b>                           | MIDDLE NAME<br><b>E</b>  |
| RESIDENCE & CITIZENSHIP | CITY<br><b>HOPEWELL JUNCTION</b>                     | STATE OR COUNTRY<br><b>NEW YORK</b>                    | CITIZENSHIP<br><b>US</b> |
| POST OFFICE ADDRESS     | P.O. ADDRESS<br><b>FAIRVIEW<br/>41 FAIRVIEW ROAD</b> | CITY & STATE<br><b>HOPEWELL JUNCTION,<br/>NEW YORK</b> | ZIP CODE<br><b>12533</b> |

Inventor's signature

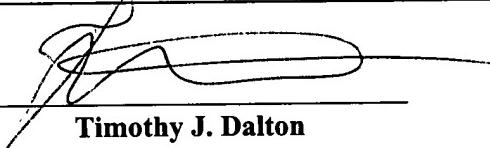


Matthew E. Colburn

Date 11/17, 2003

|                         |   |  |                           |
|-------------------------|---|--|---------------------------|
| FULL NAME OF INVENTOR   | LAST NAME<br><b>DALTON</b>                  | FIRST NAME<br><b>TIMOTHY</b>                       | MIDDLE NAME<br><b>J</b>   |
| RESIDENCE & CITIZENSHIP | CITY<br><b>RIDGEFIELD</b>                   | STATE OR COUNTRY<br><b>CONNECTICUT</b>             | CITIZENSHIP<br><b>US</b>  |
| POST OFFICE ADDRESS     | P.O. ADDRESS<br><b>72 SARAH BISHOP ROAD</b> | CITY & STATE<br><b>RIDGEFIELD,<br/>CONNECTICUT</b> | ZIP CODE<br><b>068877</b> |

Inventor's signature

Date 11/25, 2003

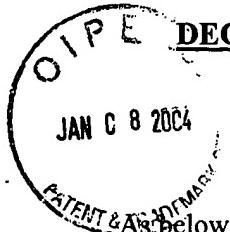
|                         |   |  |                          |
|-------------------------|---|--|--------------------------|
| FULL NAME OF INVENTOR   | LAST NAME<br><b>HUANG</b>               | FIRST NAME<br><b>ELBERT</b>                    | MIDDLE NAME              |
| RESIDENCE & CITIZENSHIP | CITY<br><b>TARRYTOWN</b>                | STATE OR COUNTRY<br><b>NEW YORK</b>            | CITIZENSHIP<br><b>US</b> |
| POST OFFICE ADDRESS     | P.O. ADDRESS<br><b>21 CHURCH STREET</b> | CITY & STATE<br><b>TARRYTOWN,<br/>NEW YORK</b> | ZIP CODE<br><b>10591</b> |

Inventor's signature



Elbert Huang

Date 11/17, 2003



## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

JAN 8 2004

Docket No. Y0R920030274US1  
Customer No.: 22032

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| Wan Yee Cheung        | 42,410                      |

|                         |                               |
|-------------------------|-------------------------------|
| SEND CORRESPONDENCE TO: | DIRECT TELEPHONE<br>CALLS TO: |
|-------------------------|-------------------------------|

Paul D. Greeley  
 Ohlandt, Greeley, Ruggiero & Perle, L.L.P.  
 One Landmark Square, 10th Floor  
 Stamford, Connecticut 06901-2682

Paul D. Greeley, Esq.  
 Telephone: (203) 327-4500  
 Telefax: (203) 327-6401

We hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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|-------------------------|---|--|--------------------------|
| FULL NAME OF INVENTOR   | LAST NAME<br><b>COLBURN</b>             | FIRST NAME<br><b>MATTHEW</b>                           | MIDDLE NAME<br><b>E</b>  |
| RESIDENCE & CITIZENSHIP | CITY<br><b>HOPEWELL JUNCTION</b>        | STATE OR COUNTRY<br><b>NEW YORK</b>                    | CITIZENSHIP<br><b>US</b> |
| POST OFFICE ADDRESS     | P.O. ADDRESS<br><b>41 FAIRVIEW ROAD</b> | CITY & STATE<br><b>HOPEWELL JUNCTION,<br/>NEW YORK</b> | ZIP CODE<br><b>12533</b> |

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_, 2003  
**Matthew E. Colburn**

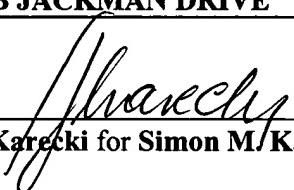
|                         |   |  |                           |
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| FULL NAME OF INVENTOR   | LAST NAME<br><b>DALTON</b>                  | FIRST NAME<br><b>TIMOTHY</b>                       | MIDDLE NAME<br><b>J</b>   |
| RESIDENCE & CITIZENSHIP | CITY<br><b>RIDGEFIELD</b>                   | STATE OR COUNTRY<br><b>CONNECTICUT</b>             | CITIZENSHIP<br><b>US</b>  |
| POST OFFICE ADDRESS     | P.O. ADDRESS<br><b>72 SARAH BISHOP ROAD</b> | CITY & STATE<br><b>RIDGEFIELD,<br/>CONNECTICUT</b> | ZIP CODE<br><b>068877</b> |

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_, 2003  
**Timothy J. Dalton**

|                         |   |  |                          |
|-------------------------|---|--|--------------------------|
| FULL NAME OF INVENTOR   | LAST NAME<br><b>HUANG</b>               | FIRST NAME<br><b>ELBERT</b>                    | MIDDLE NAME              |
| RESIDENCE & CITIZENSHIP | CITY<br><b>TARRYTOWN</b>                | STATE OR COUNTRY<br><b>NEW YORK</b>            | CITIZENSHIP<br><b>US</b> |
| POST OFFICE ADDRESS     | P.O. ADDRESS<br><b>21 CHURCH STREET</b> | CITY & STATE<br><b>TARRYTOWN,<br/>NEW YORK</b> | ZIP CODE<br><b>10591</b> |

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_, 2003  
**Elbert Huang**

|                         |   |   |                          |
|-------------------------|---|---|--------------------------|
| FULL NAME OF INVENTOR   | LAST NAME<br><b>KARECKI</b>             | FIRST NAME<br><b>SIMON</b>                        | MIDDLE NAME<br><b>M</b>  |
| RESIDENCE & CITIZENSHIP | CITY<br><b>POUGHKEEPSIE</b>             | STATE OR COUNTRY<br><b>NEW YORK</b>               | CITIZENSHIP<br><b>US</b> |
| POST OFFICE ADDRESS     | P.O. ADDRESS<br><b>1B JACKMAN DRIVE</b> | CITY & STATE<br><b>POUGHKEEPSIE,<br/>NEW YORK</b> | ZIP CODE<br><b>12603</b> |

Inventor's signature  Date 11/17/, 2003  
 Anna Karecki for Simon M. Karecki

|                         |  |  |                             |
|-------------------------|--|--|-----------------------------|
| FULL NAME OF INVENTOR   | LAST NAME<br><b>NITTA</b>                  | FIRST NAME<br><b>SATYA</b>                     | MIDDLE NAME<br><b>V</b>     |
| RESIDENCE & CITIZENSHIP | CITY<br><b>POUGHQUAG</b>                   | STATE OR COUNTRY<br><b>NEW YORK</b>            | CITIZENSHIP<br><b>INDIA</b> |
| POST OFFICE ADDRESS     | P.O. ADDRESS<br><b>118 ROOSEVELT DRIVE</b> | CITY & STATE<br><b>POUGHQUAG,<br/>NEW YORK</b> | ZIP CODE<br><b>12570</b>    |

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_, 2003  
 Satya V. Nitta

|                         |  |   |                          |
|-------------------------|--|---|--------------------------|
| FULL NAME OF INVENTOR   | LAST NAME<br><b>PURUSHOTHAMAN</b>        | FIRST NAME<br><b>SAMPATH</b>                          | MIDDLE NAME              |
| RESIDENCE & CITIZENSHIP | CITY<br><b>YORKTOWN HEIGHTS</b>          | STATE OR COUNTRY<br><b>NEW YORK</b>                   | CITIZENSHIP<br><b>US</b> |
| POST OFFICE ADDRESS     | P.O. ADDRESS<br><b>2075 LAVOIE COURT</b> | CITY & STATE<br><b>YORKTOWN HEIGHTS,<br/>NEW YORK</b> | ZIP CODE<br><b>10598</b> |

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_, 2003  
 Sampath Purushothaman

|                         |                           |   |                          |
|-------------------------|---------------------------|---|--------------------------|
| FULL NAME OF INVENTOR   | LAST NAME                 | FIRST NAME                                    | MIDDLE NAME              |
|                         | <b>SAENGER</b>            | <b>KATHERINE</b>                              | <b>L</b>                 |
| RESIDENCE & CITIZENSHIP | CITY                      | STATE OR COUNTRY                              | CITIZENSHIP              |
|                         | <b>OSSINING</b>           | <b>NEW YORK</b>                               | <b>US</b>                |
| POST OFFICE ADDRESS     | P.O. ADDRESS              | CITY & STATE<br><b>OSSINING,<br/>NEW YORK</b> | ZIP CODE<br><b>10562</b> |
|                         | <b>115 UNDERHILL ROAD</b> |   |                          |

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_, 2003  
**Katherine L. Saenger**

|                         |                         |   |                          |
|-------------------------|-------------------------|---|--------------------------|
| FULL NAME OF INVENTOR   | LAST NAME               | FIRST NAME  | MIDDLE NAME              |
|                         | <b>SURENDRA</b>         | <b>MAHESWARAN</b>                                     |                          |
| RESIDENCE & CITIZENSHIP | CITY                    | STATE OR COUNTRY                                      | CITIZENSHIP              |
|                         | <b>CROTON-ON-HUDSON</b> | <b>NEW YORK</b>                                       | <b>US</b>                |
| POST OFFICE ADDRESS     | P.O. ADDRESS            | CITY & STATE<br><b>CROTON-ON-HUDSON,<br/>NEW YORK</b> | ZIP CODE<br><b>10520</b> |
|                         | <b>64 GRAND STREET</b>  |   |                          |

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_, 2003  
**Maheswaran Surendra**

I HEREBY ATTEST THAT THIS IS A CERTIFIED COPY FROM THE REGISTER OF DEATH AS  
KEPT IN THE TOWN OF POUGHKEEPSIE, COUNTY OF DUTCHESS, STATE OF NEW YORK.  
DATED THE 20th day of October, 2003

REGISTRAR OF VITAL RECORDS

DATE OF DEATH:  
AM PM  
TIME OF DEATH:

| RECORDED DISTRICT   |  |  | NEW YORK STATE DEPARTMENT OF HEALTH  |                      |  |  |  |   |  |                               |  |
|---|--|--|--|----------------------|--|--|--|---|--|-------------------------------|--|
| 1363<br>REGISTER NUMBER<br>195  |  |  | CERTIFICATE OF DEATH   |                      |  |  |  |   |  |                               |  |
| RESIDENCE   |  |  | 1. NAME: FIRST MIDDLE LAST   |                      |  | 2. SEX: MALE FEMALE  |  | 3A. DATE OF DEATH: MONTH DAY YEAR   |  | 3B. HOUR: 05 X R Z OOK 5:00 P |  |
|   |  |  | Simon Karecki  |                      |  | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2   |  | 05 X R Z OOK  |  |                               |  |
| 4A. PLACE OF DEATH: HOSPITAL (Check only one) DOA ER  |  |  | HOSPITAL OUTPATIENT  | HOSPITAL INPATIENT   | NURSING HOME                           | PRIVATE RESIDENCE  | OTHER (Specify)  |   | 4B. IF FACILITY, DATE ADMITTED MONTH DAY YEAR  |                               |  |
|   |  |  | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4   |                      |  |  | <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 |   | 05 X R Z OOK 2000  |                               |  |
| 4C. NAME OF FACILITY: (If not facility, give address)   |  |  | 4D. LOCALITY: (Check one and specify)<br>CITY VILLAGE TOWN   |                      |  |  |  |   | 4E. COUNTY OF DEATH: Dutchess  |                               |  |
| St. Francis Hospital  |  |  | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>   |                      |  |  |  |   | Dutchess   |                               |  |
| 4F. MEDICAL RECORD NO. 615044   |  |  | 4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state)  |                      |  |  |  |   |  |                               |  |
|   |  |  | <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES  |                      |  |  |  |   |  |                               |  |
| 5. DATE OF BIRTH: DECEASED  |  |  | 6A. AGE IN YEARS: 28 yrs.  | 6B. IF UNDER 1 MONTH | 6C. IF UNDER 1 DAY: ENTER: months days | 6D. IF UNDER 1 DAY: ENTER: hours minutes   | 7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province)           |   | 7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH: Poland   |                               |  |
|   |  |  |  |                      |  |  | Poland   |   |  |                               |  |
| 8. SERVED IN U.S. ARMED FORCES? NO YES (Specify years) <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1   |  |  | 9. RACE: (Black, White, etc.) White  |                      |  | 10. HISPANIC ORIGIN? (If yes, specify) NO YES <input checked="" type="checkbox"/> <input type="checkbox"/>   |  | 11. DECEDENT'S EDUCATION (Enter only the highest year of school completed. Do not circle range; enter specific number of years.) Elementary/Secondary (0-12) 12 College (1-4 or 5+) <input checked="" type="checkbox"/> |  |                               |  |
|   |  |  |  |                      |  |  |  |   |  |                               |  |
| 12. SOCIAL SECURITY NUMBER: 119-68-0277   |  |  | 13. MARITAL STATUS: NEVER MARRIED MARRIED SEPARATED WIDOWED DIVORCED <input checked="" type="checkbox"/>   |                      |  | 14. SURVIVING SPOUSE: Enter name if married or separated. If surviving spouse is wife, enter maiden name.  |  |   |  |                               |  |
|   |  |  |  |                      |  |  |  |   |  |                               |  |
| 15A. USUAL OCCUPATION: (Do not enter retired) Advisory Development Engineer   |  |  | 15B. KIND OF BUSINESS OR INDUSTRY: Computers   |                      |  | 15C. NAME AND LOCALITY OF COMPANY OR FIRM: IBM, Fishkill, NY   |  |   |  |                               |  |
|   |  |  |  |                      |  |  |  |   |  |                               |  |
| 16A. RESIDENCE: (State or County if not USA) New York   |  |  | 16B. County or Region/ Province if not USA Dutchess  |                      |  | 16C. LOCALITY: (Check one and specify) CITY VILLAGE TOWN <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Poughkeepsie |  |   | 16F. IF CITY OR VILLAGE, RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES <input type="checkbox"/>   |                               |  |
|   |  |  |  |                      |  |  |  |   |  |                               |  |
| 16D. STREET AND NUMBER OF RESIDENCE: 18 Jackson Dr.   |  |  |  |                      |  |  |  |   | 16E. ZIP CODE: 12603   |                               |  |
|   |  |  |  |                      |  |  |  |   |  |                               |  |
| 17. NAME OF FATHER: Richard   |  |  | 18. MAIDEN NAME OF MOTHER: Karecki   |                      |  | 19. NAME OF INFORMANT: Anna  |  |   | 20. MAILING ADDRESS: (Include zip code) Anna Usista  |                               |  |
|   |  |  |  |                      |  |  |  |   |  |                               |  |
| 20A. BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal <input type="checkbox"/> Other Disposition <input type="checkbox"/>               |  |  | 20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Parish Cemetery   |                      |  | 20C. LOCATION: (City or town and state) Rocknia, Poland  |  |   |  |                               |  |
|   |  |  |  |                      |  |  |  |   |  |                               |  |
| 21A. NAME AND ADDRESS OF FUNERAL HOME: Stobierski & Lucas Gardenview Funeral Home Ltd.  |  |  | 21B. REGISTRATION NUMBER: 01816  |                      |  |  |  |   |  |                               |  |
|   |  |  |  |                      |  |  |  |   |  |                               |  |
| 22A. NAME OF FUNERAL DIRECTOR: Peter M. Frisolone   |  |  | 22B. SIGNATURE OF FUNERAL DIRECTOR: Peter M. Frisolone   |                      |  |  |  |   | 22C. REGISTRATION NUMBER: 01793  |                               |  |
|   |  |  |  |                      |  |  |  |   |  |                               |  |
| 23A. SIGNATURE OF REGISTRAR: Susan J. Miller  |  |  | 23B. DATE FILED: MONTH DAY YEAR <input checked="" type="checkbox"/> XX XX XXXX   |                      |  | 24A. BURIAL OR REMOVAL PERMIT ISSUED BY: 24B. DATE ISSUED: MONTH DAY YEAR <input checked="" type="checkbox"/> XX XX XXXX   |  |   |  |                               |  |
|   |  |  |  |                      |  |  |  |   |  |                               |  |
| 25A. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. SIGNATURE: <input checked="" type="checkbox"/>   |  |  | 25B. THE PHYSICIAN ATTENDED THE DECEASED FROM MONTH DAY YEAR <input checked="" type="checkbox"/> XX XX XXXX  |                      |  | 25C. LAST SEEN ALIVE BY ATTENDANT: MONTH DAY YEAR <input checked="" type="checkbox"/> XX XX XXXX   |  |   | 25F. ON THE BASIS OF INVESTIGATION AND SUCH EXAMINATIONS, AS I FELT NECESSARY, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. SIGNATURE AND TITLE: <input checked="" type="checkbox"/> <input type="checkbox"/> CORONER <input type="checkbox"/> PHYSICIAN <input checked="" type="checkbox"/> MEDICAL EXAMINER |                               |  |
|   |  |  |  |                      |  |  |  |   |  |                               |  |
| 25D. NAME OF ATTENDING PHYSICIAN: N/A   |  |  | 25E. ATTENDING PHYSICIAN LICENSE NUMBER: 105219  |                      |  | 25G. PRONOUNCED DEAD ON: 25H. HOUR: 05 X R Z OOK 5P  |  |   | 25I. DATE SIGNED: 05 X R Z OOK 2000  |                               |  |
|   |  |  |  |                      |  |  |  |   |  |                               |  |
| 26. NAME AND ADDRESS OF CERTIFIER WHO SIGNED 25A or 25F. Anthony J. Mazzola, Jr., 876 Knoll Ave, Brooklyn, NY 11203   |  |  | 27. MANNER OF DEATH: NATURAL CAUSE ACCIDENT HOMICIDE SUICIDE UNDETERMINED CIRCUMSTANCES PENDING INVESTIGATION <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 |                      |  | 28. WAS CASE REFERRED TO: CORONER OR MEDICAL EXAMINER? <input type="checkbox"/> 0 NO <input checked="" type="checkbox"/> 1 YES   |  |   | 29A. AUTOPSY? NO YES REFUSED TO DETERMINE CAUSE OF DEATH <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 NO <input checked="" type="checkbox"/>   |                               |  |
|   |  |  |  |                      |  |  |  |   |  |                               |  |
| 30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)   |  |  | SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH  |                      |  |  |  |   | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH   |                               |  |
| PART I. IMMEDIATE CAUSE:<br>(A) Fracture of 2 vertebrae - transection of spinal cord<br>DUE TO OR AS A CONSEQUENCE OF:<br>(B) Fracture of sacrum - posterior subarachnoid hemorrhage<br>DUE TO OR AS A CONSEQUENCE OF:<br>(C) |  |  |  |                      |  |  |  |   |  |                               |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A):<br>Hypertension   |  |  |  |                      |  |  |  |   |  |                               |  |
| 31A. IF INJURY, DATE: MONTH DAY YEAR <input checked="" type="checkbox"/> XX XX XXXX   |  |  | 31B. INJURY LOCALITY: (City or town and county and state) Dutchess Co, NY  |                      |  | 31C. DESCRIBE HOW INJURY OCCURRED: MVA   |  |   |  |                               |  |
|   |  |  |  |                      |  |  |  |   |  |                               |  |
| 31D. PLACE OF INJURY: Neo-Hackensack Rd, NJ   |  |  | 31E. INJURY AT WORK? NO <input type="checkbox"/> 0 YES <input type="checkbox"/> 1  |                      |  | 32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO <input checked="" type="checkbox"/> 0 YES <input type="checkbox"/> 1  |  |   | 33A. IF FEMALE, WAS DECEDENT PREGNANT IN LAST 8 MONTHS? NO <input type="checkbox"/> 0 YES <input type="checkbox"/> 1   |                               |  |
|   |  |  |  |                      |  |  |  |   |  |                               |  |
| DOH-1961 (02-2000)  |  |  |  |                      |  |  |  |   | 33B. DATE OF DELIVERY: MONTH DAY YEAR <input checked="" type="checkbox"/> XX XX XXXX   |                               |  |



SURROGATE'S COURT OF THE STATE OF NEW YORK  
DUTCHESS COUNTY

CERTIFICATE OF APPOINTMENT OF FIDUCIARY

File No. 90899/2001

IT IS HEREBY CERTIFIED that Letters in the Estate of the decedent named below have been granted by this Court as follows:

NAME OF DECEDENT: Simon M. Karczki

DOMICILE OF DECEDENT: Town Of Poughkeepsie

DATE OF DEATH: May 13, 2001

FIDUCIARY(S) TO WHOM LETTERS ARE ISSUED: Anna Dorota Karczka

TYPE OF LETTERS ISSUED: LETTERS OF ADMINISTRATION

DATE LETTERS ISSUED: July 6, 2001

LIMITATIONS ON LETTERS: NONE

and such letters are unrevoked and in full force as of this date.

Dated: July 6, 2001

IN TESTIMONY WHEREOF, the seal of the Surrogate's Court of Dutchess County has been affixed.

L.S.

WITNESS: Hon. James D. Pagones, Surrogate of the County of Dutchess.

  
\_\_\_\_\_  
Chief Clerk of the Surrogate's Court

THIS CERTIFICATE IS NOT VALID WITHOUT THE RAISED SEAL OF THE COURT

Note: SCPA 710 PROVIDES IN PART: "4. No fiduciary shall remove property of the estate without the state without the prior approval of the Court and upon filing a bond if required by the Court.")



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re applications: Colburn et al.

Serial No.: 10/666,564

Filing Date: September 19, 2003

For: A METHOD OF FORMING CLOSED AIR GAP INTERCONNECTS  
AND STRUCTURES FORMED THEREBY

Customer No.: 22032

Attorney Docket: YOR920030274US1

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**DECLARATION BY REPRESENTATIVE FOR DECEASED**

I, Mrs. Anna Dorothy Karecki, hereby declare that I am a citizen of the United States residing at 152 Monitor Street, Brooklyn, New York 11222, and that I am executing and signing the accompanying Declaration and Power of Attorney, and Assignment as:

- the administratrix of
- the executrix of the last will and testament of
- the legal representative (or heirs) of

Full name of deceased inventor: Simon M. Karecki

Country of citizenship of deceased inventor: United States

Residence of deceased inventor: 1B Jackman Drive

Poughkeepsie, New York 12603

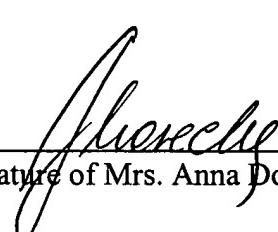
Post office address of deceased inventor: Same as above

That, upon information and belief, I aver those facts that the inventor is required to state.

11/17/

Date

, 2003

  
Signature of Mrs. Anna Dorothy Karecki

JAN C 8 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Colburn et al.

Serial No.:

10/666,564

For: A METHOD OF FORMING CLOSED AIR GAP INTERCONNECTS  
AND STRUCTURES FORMED THEREBY

Filed: September 19, 2003

Customer No.: 22032

Examiner: Not yet assigned

Art Unit:

Attorney Docket No.: YOR920030274US1IBM Corporation  
T. J. Watson Research Center  
Route 134, Box 218  
Yorktown Heights, NY 10598ASSOCIATE POWER OF ATTORNEYCommissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

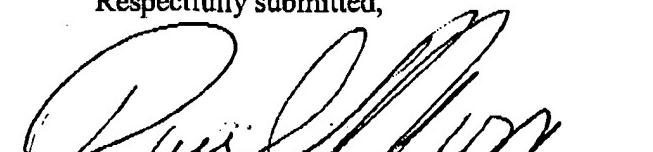
Dear Sir:

Please recognize Paul D. Greeley, Reg. No. 31,019 and Charles N. J. Ruggiero, Reg. No. 28,468 of the law firm Ohlandt, Greeley, Ruggiero & Perle, L.L.P. with offices at One Landmark Square, 10th Floor, Stamford, Connecticut 06901-2682, as an attorney, with full and complete powers to prosecute this patent application and to transact all business in the Patent and Trademark Office connected therewith.

Please continue to address all correspondence to:

Paul D. Greeley, Esq.  
Ohlandt, Greeley, Ruggiero & Perle, L.L.P.  
One Landmark Square, 10th Floor  
Stamford, Connecticut 06901-2682  
Telephone: (203) 327 4500  
Telefax: (203) 327 6401

Respectfully submitted,



Name: Daniel P. Morris, Esq.  
Reg. No.: 32,053 (IBM's Attorney)

Date: 11-21, 2003